



**NORTH CAROLINA DEPARTMENT OF HEALTH and HUMAN SERVICES
DIVISION OF SOCIAL SERVICES**

**REQUEST FOR APPLICATION (RFA) #9000-18-RES
State Fiscal Year 2016-2018**

For eligible contractors to provide services to the North Carolina Division of Social Services to develop, operate, and/or expand community-based respite services to reduce the risk of child victimization by promoting protective factors that strengthen and support families, through the:

NORTH CAROLINA RESPITE SERVICES

RFA Release Date:	December 15, 2014
Letter of Intent:	December 19, 2014
Deadline for Questions:	January 8, 2015
Deadline for Proposals:	January 16, 2015 at 5:00 p.m.
Hand Delivery/Overnight Delivery: (i.e., Fed EX, UPS, DHL)	NC Division of Social Services 820 S. Boylan Ave McBryde Building 2 East Raleigh, NC 27603
Mailing Address (USPS):	NC Division of Social Services Mail Service Center 2410 Raleigh, NC 27699-2410
Attention/Questions:	Michelle Reines Program Consultant Office (919) 527-6437 michelle.reines@dhhs.nc.gov
Submission Instructions:	Late applications will not be accepted. Faxed or emailed applications will not be accepted.

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I. GENERAL INFORMATION

A. PURPOSE OF REQUEST

The North Carolina Department of Health and Human Services (NC DHHS), through the Division of Social Services (NC DSS), is seeking applications to develop, operate and/or expand community-based respite services which promote protective factors that strengthen and support families to reduce the risk of child victimization. Respite is a short term service provided in the temporary absence of the regular caregiver to children who are at risk of victimization, who have experienced victimization, and/or who have disabilities, chronic or terminal illness. This service is provided within or outside the child's home and is intended to enable the family to stay together and to keep the child(ren) living at home and in the community.

Applicants will demonstrate the capacity to achieve positive outcomes for children and families in communities with high rates of child victimization and/or other risk indicators associated with the incidence of child victimization. In State Fiscal Year (SFY) 2014, under previous RFA 9002-12, approximately 945 individuals were served (549 children, 286 parents/caregivers). The North Carolina Respite services helps to advance the NCDHHS' vision: *All North Carolinians will enjoy optimal health and well-being.*

B. AWARD AMOUNT AND TERM

Respite Services annual allocation is \$400,000 for 10 awards of \$40,000 each.

The term of any resulting award is anticipated to be three years, from July 1, 2015 until June 30, 2018. Contract renewal from year to year is required and is based on availability of funding, contractor performance, and contractual compliance. No carry over of unexpended funds is allowed from one fiscal year to another.

Applicants may submit no more than one application *per county*. If applying to serve more than one county, applicants must submit separate applications for each proposed county.

Award amounts do not require a local match. Funds are generally distributed on a reimbursement after expenditure basis, although contractors may receive advance payments if they meet certain criteria as outlined in CFR Title 2 200-305: http://www.ecfr.gov/cgi-bin/text-idx?SID=776e0da330f96c495cf0ecdba89f44e1&node=se2.1.200_1305&rgn=div8. Funds from this award may not be used to supplant other funds.

C. ELIGIBILITY

Any tribal government, community-based, public or private nonprofit, tax-exempt organization (including faith-based), school system or local government agency that is duly incorporated and registered under North Carolina Statutes is eligible to apply provided they meet the following requirements:

- Applicants have completed registration with the Secretary of State. For more information, visit: <https://www.secretary.state.nc.us/corporations/feenpc.aspx>.
- Applicants and subcontractors must follow E-Verify requirements found in HB786 (<http://www.ncga.state.nc.us/gascripts/BillLookup/BillLookup.pl?Session=2013&BillID=hb+786>). This requires contractors and the contractor's subcontractors to comply with the requirements of Article 2 of Chapter 64 of the General Statutes

(http://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_64/Article_2.html).

- Applicants' Internal Revenue Service (IRS) exemption letter must be current within five years.
- Applicants' Employer Identification Number (EIN), IRS tax exemption status documents, and registration with the Secretary of State must be consistent with both the name of agency and the EIN provided.

Applicants that receive this award for respite services will also be subject to a pre-award risk assessment, per CFR Title 2 200.205: http://www.ecfr.gov/cgi-bin/text-idx?SID=9488ab373262441562fad70c1c91ddfc&node=se2.1.200_1205&rgn=div8.

NC DSS is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and, therefore, must ensure that all contractors are in compliance with HIPAA. Applicants that receive this award must provide verification that they have and are implementing policies and procedures which address HIPAA requirements, specifically protected health information and breach of confidentiality. Please refer to this link for more information: <http://hipaa.dhhs.state.nc.us/hipaa2002/whatishipaa/whatishipaa.html>.

D. LETTER OF INTENT

All applicants must submit a signed letter of intent on applicant's letterhead via email to Michelle Reines at michelle.reines@dhhs.nc.gov by **December 19, 2014**. In addition, the letter must include the following information:

- Legal name of the agency or organization
- Mailing address, phone number, and fax number of the agency or organization
- Intent to respond to this RFA
- Name, title, and email address of the person who will coordinate the application submission.

Applicants may submit questions regarding the RFA by **January 8, 2015** at 5:00 pm to Michelle Reines at michelle.reines@dhhs.nc.gov. Questions shall only be accepted via email for tracking purposes. Please send questions as soon as possible for due consideration. Individual responses will not be provided by email. Answers to all questions received will be posted on the NC DSS public notice site <http://www.ncdhhs.gov/dss/pubnotice/> on **January 12, 2015**.

E. TECHNICAL ASSISTANCE WEBINAR

NC DSS has recorded a technical assistance webinar to discuss the application requirements in greater detail. The webinar link can be accessed through the following web link: <https://ncdss.adobeconnect.com/p6r7o4l6psk/>

F. NUMBER OF COPIES

One complete original application including a signed cover letter on applicant letterhead and signed certifications and three additional complete application copies are required at the time of initial submission.

An Acknowledgement of Receipt will be provided to all applicants. If the application is received by mail, the Acknowledgement of Receipt will be sent via email.

G. DEADLINE

The closing date for submission of applications is ***January 16, 2015, at 5:00 p.m. Applications received after 5:00 p.m. will be classified as late and will not be considered for funding.*** Applicants should take into consideration certain conditions that influence the timely submission of applications, i.e., traffic congestions, available parking, highway construction, weather conditions, faulty driving directions, etc. Applicants are cautioned to request a legible dated United States Postal Services postmark or receipt or to obtain a legibly dated receipt from a commercial carrier. Applicants should allow adequate time (approximately seven days) for mailed application packages to arrive at the NC DSS Building. ***No faxed or emailed applications will be accepted.***

H. SELECTION PROCESS

All applications received by the deadline will be forwarded to the award review committee which will review, score and rank the applications with the requirements listed in Section III to be used as factors in the award process. Nothing may be added to or removed from any application after it has been submitted. Although a primary factor, score alone will not be the sole determinant for awards. NC DSS staff will consider overall factors involving the applicants as a whole, such as geographic distribution, program variety and population to be served when determining final award decisions.

NC DSS anticipates posting award notices on the NC DSS public notice site by **February 20, 2015**. Awards will be deemed final. There are no protest rights from an RFA as the Department of Health and Human Services Procurement and Contract manual states: “The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest”. http://info.dhhs.state.nc.us/olm/manuals/dhs/pol-70/man/Requests_for_Applications_Information_Proposals1.htm

I. REQUIRED REPORTING

Monthly:

- DSS 1571 III Administrative Costs Report (1571), by the 10th of each month. Applicants with a subcontract must include a monthly 1571 completed by the subcontractor.
- Entry of *all* services/activities into the Protective Factors Survey database. Contractors may also be required to use the Family Support database.

First Quarter:

- Completion of Strengthening Families™ Self-Assessment tool: <http://www.cssp.org/reform/strengtheningfamilies/2014/COMMUNITY-BASED-PROGRAM-SELF-ASSESSMENT.pdf>

Every Quarter:

- Performance Status, Protective Factors Survey and Satisfaction Survey reports

Annually:

- Performance Status, Protective Factors Survey and Satisfaction Survey reports
- NC State Auditors GS 143-6.22&23 Grant Compliance Report: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=143c>

- Maintain an active record in the federal government's System for Award Management (SAM) which now contains data previously entered in Central Contractor Registration (CCR) System. To update the record in SAM, contractors must log in at the SAM home page: www.sam.gov
- Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form due within 10 days upon request by the NC DSS.
- Provide confirmation of the submittal of the Individual Subcontracting Reports (ISR) and Summary Subcontracting Reports (SSR) in the Electronic Subcontracting Reporting System (eSRS). This system replaces Standard Form 294 and 295. Reports are submitted via the eSRS website: <http://esrs.gov>

K. MONITORING

The Contract Administrator reviews all contractors' 1571s for accurate, allowable and reasonable costs and the State Auditors' non-compliance list is reviewed to ensure all G.S. 143-6.22&23 reporting requirements are being fulfilled by the contractor. If applicable, monthly service reports or database entries are reviewed to ensure participants are enrolled and service activities have been implemented. Ongoing telephone and e-mail monitoring is documented by the Contract Administrator when it pertains to possible contractual non-compliance issues.

When each quarter of the contract year is complete, contractors submit a Performance Status Report. After the first quarter, a conference call is conducted between the Contract Administrator and contractor staff to review the contractor's report and ensure that required components of services, accurate monthly reporting, and fiscal procedures are being implemented and baseline data is being compiled to fulfill the evaluation plan of the contract.

For announced on-site monitoring reviews, the Contract Administrator sends a formal written notification letter to the contractor at least 30 days prior to the scheduled review date. A preliminary site visit report is discussed and completed at the end of the on-site monitoring review. Areas concerning services, fiscal management, compliance requirements, personnel, safety, organizational capacity, subcontract services and evaluation are also reviewed to confirm contractual compliance during the on-site review. The CFR Title 2 Part 200 specifies federal areas of compliance: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

Within 30 days of an on-site monitoring review, the Contract Administrator sends a formal written monitoring report letter to the contractor which contains findings if corrective action is needed. If the contractor remains in non-compliance status, the contract may be terminated due to failure to meet the terms and conditions of the contract.

Contractors will be monitored at least once during an award cycle according to an established schedule once baseline data is collected, unless other requirements for frequency take precedence. In addition, NC DSS reserves the right to conduct unannounced on-site monitoring reviews. The NC DSS monitoring plan can be found at <http://www.ncdhhs.gov/dss/Monitoring/>.

J. REQUIRED BACKGROUND CHECKS

Respite agencies shall document for all staff and volunteers having direct contact with children or families on an ongoing basis, completion of a national criminal history background check. This

check should also include a check of the National Sex Offender Registry. Any prior felony convictions or other abnormalities must have written evidence of supervisory review and acknowledgement, which justifies employment. This documentation shall be kept within the volunteer or employee personnel file and will be subject to review during an on-site monitoring visit. Applicants may include this expense in the proposed budget.

K. REQUIRED TRAINING

1. All direct service staff and supervisors/managers per the contract budget shall attend the *Connecting with Families: Family Support in Practice* six-day specialized curriculum designed for family support workers. The training provides instruction in the skills necessary for working successfully with families in center-based services, in support groups, and through home visiting. The training is interactive and skill-based. ***Staff is expected to attend this training within one year of the contract effective date or date of hire.*** Registration and additional information can be accessed at: ncswLearn.org: A Learning Site for North Carolina's Human Services Professionals.
2. All direct service staff per the contract budget shall complete The National Alliance of Children's Trust and Prevention Funds free, online training course, *Bringing the Protective Factors Framework to Life in Your Work – A Resource for Action*. This course supports implementation of the Strengthening Families Protective Factors Framework in multiple settings and can be accessed at <http://ctfalliance.org/onlinelearning.htm>. ***Direct service staff is expected to complete this training within ninety days of the contract effective date or date of hire. This training requires approximately 14 hours.***
3. All supervisors/managers per the contract budget shall complete the *Protective Factors* web-based course offered by the FRIENDS Online Learning Center, which can be accessed at <http://friendsnrcelearning.org/>. ***Supervisors/managers are expected to complete this one-hour training within ninety days of the contract effective date or date of hire.***
4. All direct service staff and supervisors/managers per the contract budget shall complete a webinar on how the Protective Factors are addressed through respite services and how to use the Protective Factors Survey and Database. This webinar will occur shortly after the beginning of the award period, with the exact date and time to be determined at a later date.

NC DSS, in partnership with Prevent Child Abuse North Carolina, FRIENDS National Center for Community-Based Child Abuse Prevention, and other state and national partners will provide on-going training and technical assistance throughout the three-year award cycle.

L. PEER REVIEW

Agencies will be required to participate in a peer review process once during the three-year award cycle. This process is meant to be used as a continuous quality improvement strategy to enhance service delivery and is not part of contract monitoring.

M. PREVENTION NETWORK MEMBERSHIP

The Prevention Network is an affiliation of agencies and individuals who care about North Carolina's children and families. Members are professionals and concerned citizens who work with families and children and who are committed to strengthening and supporting families. Members

represent diverse fields such as early childhood, education, public health, mental health, child protection, medicine, domestic violence prevention, law, and family support. The Prevention Network provides members with access to training, resources and networking opportunities to help them strengthen their abilities to serve North Carolinians. ***All Respite contractors will be provided with an annual Prevention Network membership scholarship.***

II. GOVERNING LEGISLATION, FUNDING SOURCES and NC DSS INITIATIVES

The mission of NC DSS is to provide family centered services to children and families to achieve well being through ensuring self-sufficiency, support, safety and permanency. NC DSS is guided by both federal and state legislation designed to protect children and strengthen safe, stable, nurturing families. As such, the following federal and state requirements guide the administration of the respite services:

Adoption and Safe Families Act (ASFA) of 1997

On November 19, 1997, the President signed into law (P.L. 105-89) the Adoption and Safe Families Act of 1997, to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. ASFA recognized that innovative approaches are needed to achieve the goals of safety, permanency, and well-being and provided a funding mechanism allowing greater flexibility to develop community-based strategies to achieve positive results for families.

Promoting Safe and Stable Families Amendments (PSSF) of 2001 and The Child and Family Services Improvement and Innovation Act of 2011 (public Law (Pub. L.) 112-34)

The purpose of this program is to enable States to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services to accomplish the following objectives:

- To prevent child victimization among families at risk through the provision of supportive family services.
- To assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively.
- To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997.
- To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

Community-Based Child Abuse Prevention (CBCAP)

This program provides funding and guidance to States to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child victimization. The program was reauthorized, amended and renamed as part of the CAPTA amendments in 2003. The Child Abuse Prevention and Treatment Act (CAPTA) is one of the key pieces of legislation that guides child protection. CAPTA, in its original inception, was signed into law on January 31, 1974 (P.L. 93-247). It was reauthorized in 1978, 1984, 1988, 1992, 1996, and 2003, and with each reauthorization, amendments have been made to CAPTA that have expanded and refined the scope of the law. CAPTA was most recently reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320).

To receive these funds, the Governor must designate a lead agency to receive the funds and implement the program. NC DSS is the state lead designee and uses the CBCAP conceptual framework to guide prevention services. Some of the core features of the program include:

- Federal, State, and private funds are blended and made available to community agencies for child victimization prevention activities and family support programs.
- An emphasis on promoting parent leadership and participation in the planning, implementation, and evaluation of prevention programs.
- Interagency collaborations with public and private agencies in the States to form a child abuse prevention network to promote greater coordination of resources.
- Funds are used to support programs such as voluntary home visiting programs, parenting programs, family resource centers, respite and crisis care, parent mutual support, and other family support programs.
- An emphasis on promoting the increased use and high quality implementation of evidence-based and evidence-informed programs and practices.
- A focus on the continuum of evaluation approaches which use both qualitative and quantitative methods to assess the effectiveness of the funded programs and activities.

NC DSS Initiatives

It is important for Respite applicants to be aware of the following NC DSS initiatives regarding quality-improvement and trauma-informed services. Respite contractors can have the ability to improve outcomes for families served by local departments of social services (DSS). Respite contractors will also likely encounter families who have been impacted by trauma.

Reaching for Excellence and Accountability in Practice

During this time of economic challenge and increased demand for public services, NC DSS and local DSSs are renewing their commitment to improving child welfare outcomes for children and families through Reaching for Excellence and Accountability in Practice (REAP). REAP is a comprehensive, quality-improvement approach in child welfare to improve child safety, permanence and well-being outcomes as well as more effectively use resources in delivering quality services.

Launched in February 2011, REAP provided the leadership and staff of eight local DSSs with training and technical assistance to achieve four principal goals within the child welfare system:

- Improved child, youth, and family outcomes by measuring performance and using data to inform practice and policy.
- Consistent delivery of quality services and the use of best practices.
- Partnerships across the child welfare service delivery spectrum to collectively achieve more positive outcomes – from DSS leadership and line workers to community partners and the courts.
- Targeted, effective technical assistance provided by NC DSS to local DSSs to support the achievement of improved outcomes.

REAP expanded to nine additional local DSSs in January 2013. As REAP becomes a standard approach in North Carolina's child welfare system, local DSSs will work to improve collaboration

with community-based agencies as part of their continuous quality improvement model. For more information, please see the NC Child Welfare Core Achievements document in Appendix E.

Project Broadcast

Research confirms child victimization has a long-term impact on a child's life and the entire community, harming both quality of life and prosperity. Children who experience abuse and/or severe neglect develop toxic levels of stress. If consistent, this high level of stress can damage the developing architecture of a child's brain. These changes to a child's brain caused by exposure to toxic stress can lead to significant behavioral changes.

In 2005, the Centers for Disease Control and Prevention and insurer Kaiser Permanente released the most comprehensive research to date on the impact of child victimization. This study, called the Adverse Childhood Experiences Study or ACE Study, surveyed 17,000 adults about their childhood experiences and compared them with their health histories. The research found that children who suffered severe adversity in childhood – violence, abject poverty, substance abuse in the home, child victimization – were far more likely to suffer long-term intellectual, behavioral, and physical and mental health problems.

NCDSS began Project Broadcast (funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant # 90CO1058) in October of 2011 with the goal of becoming a Trauma-Informed Child Welfare System:

A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family. (NCTSN, 2012)

Project Broadcast set out to develop a trauma-informed workforce in nine counties, including social workers, resource parents and system of care providers; increase the number of mental health clinicians providing trauma-informed, evidence-based treatment; develop trauma-informed policies and procedures; and collaborate more effectively across child serving systems, particularly by sharing information to improve child well-being.

There are several key activities of the Project. One key strategy of Project Broadcast is screening children for trauma. The nine demonstration counties began trauma screenings on children at various stages of involvement in child welfare approximately two years ago. Early information shared shows the need to screen for trauma across the spectrum of child welfare services. Based on the data from these nine counties, the trauma screening tool is being refined for future use across the state. The project is training child welfare staff via an NCTSN curricula called "The Child Welfare Trauma Training Toolkit" and training parents with an NCTSN curricula called "Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (also known as the Resource Parent Curriculum or RPC). Training clinicians in four trauma-informed evidence-based treatment models (ABC, PCIT, SPARCS and TF-CBT) is also part of this project. While the project is funded through September 2016, trauma-informed practice is anticipated to become an integrated part of how we serve children and families.

III. PURPOSE AND REQUIREMENTS

Quality, child victimization prevention focused services that strives to strengthen family protective factors offers great promise for improving a child's overall well-being. *North Carolina Respite Services will support community-based programs to provide outreach, support and services to individuals and families identified as being at-risk of compromised health and safety to eliminate or reduce those risks by promoting protective factors that strengthen and support families.* Awards will be awarded throughout the state.

North Carolina Respite Services carry out the mission to prevent child victimization through a spectrum of prevention efforts that include support of community-based programs that provide specialized outreach along with targeted services to children and families at risk of child victimization. Community-based child abuse prevention services utilize a variety of intensive and specialized strategies in their work with children and families.

North Carolina Respite Services applicants shall meet ***all*** of the following requirements to be eligible for funding (*a detailed description of each requirement is provided on the subsequent pages*):

1. Provide services based on the Principles of Family Support Practice.
2. Demonstrate a commitment to meaningful parent engagement and leadership opportunities.
3. Provide preventive service that targets populations most at risk of child abuse or neglect.
4. Promote the five protective factors linked to lower incidence of child victimization.
5. Provide a service that demonstrates an acceptable level of emerging evidence.
6. Achieve positive outcomes for children and families through the use of outcome accountability and evaluation tools.

1. Principles of Family Support Practice

Family Support is based on the premise that primary responsibility for the development and well-being of children lies within the family, and communities must support families as they raise their children. Family Support services include a broad array of activities designed to strengthen families, helping parents to raise their children successfully, become self-sufficient, and take an active role in their communities. ***Applicants are required to demonstrate how they will model the following principles of family support.***

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhances families' capacity to support the growth and development of all family members - adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.

7. Practitioners work with families to mobilize formal and informal resources to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

2. Parent Engagement and Leadership

Developing strong relationships between parents, caregivers and staff is an essential ingredient in the service's ability to connect with parents. When parents and other caregivers feel valued and supported in the context of a learning relationship, the likelihood of their taking responsibility for and making use of new information increases. ***Applicants must demonstrate*** how staff will work proactively with families who are isolated or seem most in need of encouragement and support, drawing them into the social networks and activities available. North Carolina Respite contractors are expected to convey a clear message that parents and caregivers are an important and valued part of their children's lives and their community.

Applicants are also required to demonstrate how they will include opportunities for parents and other caregivers to contribute to service planning, governance, and administration. Parents play an essential role in improving the quality of services and offer unique perspective as consumers. Meaningful involvement of families ensures the services being delivered actually meets the community's needs. Applicants should clearly demonstrate how they plan to engage, recruit and retain the parent leaders.

3. Levels of Prevention and Target Populations

Respite services can be primary or secondary prevention services. These levels are defined as follows:

- **Primary Prevention** activities are directed at the general population and attempt to stop victimization before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities may also seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child victimization.
- **Secondary Prevention** activities with a high-risk focus are offered to populations that have one or more risk factors associated with child victimization, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Services may target communities or neighborhoods that have a high incidence of any or all of these risk factors.

Applicants will need to demonstrate that they intend to ***target one or more*** of the following population(s) ***if*** they are providing ***secondary*** prevention services:

- Families and children living in poverty
- Parents/caregivers abusing substances
- Young parents and/or parents of young children (0-5) (***ALL family members will be referred for appropriate services, if a need arises, including those children beyond the targeted age range of 0-5 years***).
- Single parents/caregivers
- Families experiencing domestic violence

- Parents/caregivers and/or children with special needs
- Fathers, non-custodial parents and parent companions
- Military families

In addition, Respite applicants, in compliance with the CAPTA reauthorization, will be required to speak to outreach services to tribal populations and families experiencing homelessness with the goal of ensuring they are aware, can access, and feel welcome to participate in child victimization prevention services. The definition of homelessness is provided through the following link: <http://hudhre.info/>. Examples of outreach include, but are not limited to:

- Coordination with local youth homeless shelters
- Outreach and resource information provided to schools, faith-based organizations, clinics, crisis nurseries, homeless shelters, and domestic violence shelter who may already be serving these populations
- Shared training between community-based agencies
- Removing barriers that may prevent these populations from accessing services

4. Promoting Protective Factors

NC DSS is committed to achieving safety, permanency and well-being for North Carolina's children and their families. Research and initiatives suggest that a Strengthening Families Protective Factors Framework can significantly reduce incidences of childhood victimization and trauma. The Strengthening Families Framework is an intentional focus on family development and optimal child development that identifies the following five protective factors which are relevant for the continuum of child welfare services.

- **Parental Resilience**
A parent's ability to effectively cope with the various challenges of parenting and everyday life and their ability to overcome life's challenges. Examples include services that help caregivers establish relationships with friends, family, and professionals that provide on-going encouragement and knowledge of accessible community resources.
- **Social Connections**
Positive relationships with friends, family members, neighbors, and others who can provide concrete and emotional support to parents and caregivers. Examples include services that strengthen informal and formal support mechanisms for families.
- **Knowledge of Parenting and Child Development**
Accurate information about raising children and appropriate expectations for their behavior. Examples include parenting education through parent support groups, facility based education classes, or home visitation.
- **Concrete Support in Times of Need**
Support and services within the community which can include financial, transportation, and food assistance, job training, and/or mental health services. Examples include services that provide immediate and accessible resources or support to families in crisis.
- **Children's Social and Emotional Development**
A child's ability to effectively interact with others positively and articulate their feelings. Examples include services that provide children and caregivers a safe and nurturing place to "practice" normal roles and behaviors, thus strengthening a positive parent-child relationship.

The Strengthening Families Framework™ identifies seven key strategies that exemplary services use in their work to build protective factors with families. While the strategies themselves are

consistent across many different kinds of services, the way in which a service implements the strategies may vary. To find out more information on the seven strategies, please utilize this link: <http://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-for-Practitioners.pdf>

Respite contractors will be required to complete the Strengthening Families™ Program Self-Assessment within the first quarter of the contract period. This self-assessment helps programs determine how well they are implementing strategies to strengthen families. It is based on findings from a national study that identified exemplary programs across the country, and it allows all programs to compare their practices with those of the exemplary programs to identify areas for improvement. The self-assessment outlines how the protective factors can be supported through small but significant changes in program practice.

Respite services have the potential to impact all five protective factors and services shall measure all five of them using the retrospective Protective Factors Survey; however, services will only be required to report outcomes for the following three protective factors: parental resilience, social connections and concrete support in times of need. These and other standardized outcomes are explained in more detail in the “Outcome Accountability and Evaluation” section of this RFA.

5. Emerging Evidence

While Respite services have not been identified as evidence-based or evidence-informed, they are a preventative strategy that strengthens families, protects their health and well-being, and allows their children to remain at home and in the community. Respite is an important component of a comprehensive continuum of child victimization prevention services.

Planned respite models include, but are not limited to:

- In-home respite with trained professionals or volunteer providers;
- Out-of-home (child care centers, schools, family care home, hospitals, or specific respite facility) also using trained or volunteer providers;
- Periodic respite (churches, community centers or other community-based organizations that support periodic respite events);
- Summer camps, recreational or after-school services

Crisis respite is temporary emergency care for children, available anytime of the day or night, when families are facing a crisis and no other safe child care options are available.

As respite has been determined to be a critical service, there is some emerging evidence that demonstrates its positive impact on children and their families. Applicants must speak to emerging evidence in their application. Resources include:

- ARCH National Resource Center <http://www.archrespite.org/>
- Child Welfare Information Gateway
<http://www.childwelfare.gov/preventing/evaluating/respite.cfm>
- FRIENDS National Center for Community-Based Child Abuse Prevention
<http://friendsnrc.org/cbcap-priority-areas/respite-care>
- Evidence-Based and Evidence-Informed Programs: Prevention program descriptions classified by CBCAP evidence-based and evidence-informed categories
http://friendsnrc.org/joomdocs/eb_prog_direct.pdf

An additional resource, Evaluating and Reporting Outcomes: a Guide for Respite and Crisis Care Program Managers (2002), can assist applicants, providing both planned and crisis respite, to clearly demonstrate their services are achieving worthy outcomes related to the improvement of quality of life, and outcomes related to saving tax-payer dollars on more costly interventions such as foster care, nursing homes, or other institutional care. Information on this resource can be found at <http://www.archrespice.org/program-evaluation>.

All applicants shall complete the Implementation Plan, the link for which is located in Appendix F.

6. Outcome Accountability and Evaluation

Applicants must demonstrate the capacity to achieve positive outcomes for children and families who participate voluntarily in their services. The process of having applicants develop and utilize a logic model guides applicants towards greater outcome accountability. Outcome accountability is demonstrating that the expenditure of staff time, funding, and other resources result in tangible positive changes for children and families. The logic model should be the applicant's 'drawing board' for planning services and linking those services to outcomes.

In order to support outcome accountability and provide a framework for outcome evaluation, NC DSS ***requires applicants*** to utilize the FRIENDS Evaluation toolkit in the development of a required logic model: <http://friendsnrc.org/evaluation-toolkit>

The toolkit is comprised of four components:

1. **Building Your Evaluation Plan** – assists services with a general understanding of outcome evaluation
2. **Logic Model Builder** - guides users as they create their own logic model
3. **Outcomes and Indicators**- a menu of common Protective Factor linked outcomes and indicators
4. **Annotated Measurement Tools** – a listing of commonly used tools to measure outcomes in prevention services

NC DSS highly encourages applicants to access the Logic Model training (assessable through the following link <http://friendsnrc.org/online-learning-community>) prior to drafting their logic model.

NC DSS has a **shared vision** that ***shall be used for all respite applicants*** when completing the logic model builder: **Families have enhanced capacity to provide for their children's educational, physical and emotional needs, and children have opportunities for healthy social and emotional development.**

Specific population, inputs (resources), outputs (service strategies) and assumptions will be determined by applicants. ***Please specify the # of caregivers and # of children to be served, and only report outcomes on families who are served with NC DSS funds from this award.*** Outcomes, indicators and measurement tools relating to the protective factors are determined by NC DSS as follows:

- Families will report 50% improvement in parental resilience as measured by the family functioning subscale of the retrospective Protective Factors Survey administered after receiving respite services.
- Families will report 50% improvement in social connections as measured by the social/emotional support subscale of the retrospective Protective Factors Survey administered after receiving respite services.
- Families will report 50% improvement in concrete support in times of need as measured by the concrete support subscale of the retrospective Protective Factors Survey administered after receiving respite services.

Applicants will also be required to develop at least one outcome, indicator and measurement tool which measures how their specific service will prevent child victimization and/or out-of-home placement.

Please note: Outcomes will only be measured for families that receive a minimum of two intervals of respite totaling 12 or more hours of service, however all families served must be entered into the Protective Factors Survey database.

Once you have developed your logic model in the logic model builder, please transfer the data to the logic model form (Appendix C), which can be adjusted as needed, but should remain one page. The narrative portion of this section must expand upon the information listed in the Logic Model.

IV. GENERAL INSTRUCTIONS and FORMAT

Basic Format

- Type should be 12 point font size and single spaced with no less than 1” margins.
- The proposal should be typed on 8 ½” x 11” white paper and single sided.
- Adhere to page limits. **Do not** add additional pages when responding to this application. Points will be deducted during scoring for applications that exceed page limits.
- Proposals **should not** be stapled or bound – instead use binder clips or paperclips.
- Respond to each criteria listed in this RFA in the order requested. **Include section headings** in the Scope of Work as listed in the application checklist. **Do not** insert page dividers.

Cover Letter

A cover letter on organization letterhead must accompany the application. Include in the cover letter: purpose of the request, the specific amount being requested, number of participants to be served, service activities, area/county of services and the population being served. ***This letter must be signed by the authorized official of the applicant in blue ink.***

SCOPE OF WORK

Face Sheet-Direct Client Services Narrative

All sections must be completed. Sign and date in blue ink.

Proposal Summary (One page limit)

Please provide a clear and concise description of the services. Summarize the major points from your Scope of Work, including: the community being served, the number of annual participants

who will be served, physical location where the participants will be served, the activities proposed (frequency, intensity, and duration), type of curricula/service, and who will administer the service.

Needs Assessment *(Two page limit)*

Describe the targeted need the proposed community-based service will address. ***When describing community need, applicants are asked to reference the North Carolina County Child Victimization Data, listed in Appendix D. After review of this data, applicants should speak to factors contributing to the service area's child victimization rate and why the proposed service may have a long-term, preventive impact on these rates.*** Need assessments should be a clear, concise, well-supported statement of the community problems (not limited to child victimization) and why service is needed. ***Data and noted citations should be used to support need statements.*** Proposals shall include:

1. How your agency assessed the current needs of your community (i.e. collaborative needs assessment process with other agencies and parents, focus groups, accessing other agencies' data/reports, etc)
2. Who is your target population? Where are they located? How were they identified?
3. What are the socio-economic needs of the community and what is the relationship of the target population to the larger community?
4. Need for the community-based prevention and respite service in the identified community. Applicants should reference how the proposed service fits into the community's continuum of services, if it fills an identified gap in services, and/or works to eliminate barriers to a family's ability to access services. If similar services are already being delivered to your community, the proposal should describe why an additional service is needed (i.e., locations factors, time of day factors, funding factors, number of people not being served, etc)
5. The proposal should include information on the likely outcome for children/youth and families if the service is not established.

You may find some of your county's statistical information at any of the agencies you collaborate with or you may utilize other Needs Assessments completed by agencies and organizations within your county, (e.g., United Way, etc.) Additional information can also be found on the web at:

- http://ctb.ku.edu/en/tablecontents/chapter_1003.aspx
- <http://quickfacts.census.gov/qfd/states/37000.html>
- <http://www.ncchild.org/>
- <http://www.aecf.org/>
- <https://www.ocme.dhhs.nc.gov/nccfpp/index.shtml>
- http://friendsnrc.org/component/joomdoc/doc_details/579-redacted-hv-data-sources

Project Design *(Six page limit, not including logic model and implementation plan)*

Applicants shall describe how the service will meet ***all six requirements listed on pages 10-19 of this RFA*** by providing a detailed description of the service design. The following questions should be referenced when drafting the project design section:

Principles of Family Support Practice

- How will your agency model the Principles of Family Support?
- How will your agency affirm and strengthen families' cultural, racial and linguistic identities?
- How do you ensure families are approached with equality and respect?

Meaningful Parent Engagement and Leadership

- What will meaningful parent engagement look like?
- What incentives will be provided to support participation?
- If transportation is a concern for families, how will your agency work to address this?
- How will you recruit and maintain parent involvement?
- How will parents be involved in your agency's continuous quality improvement process?

Levels of Prevention and Target Population

- Are your services considered primary or secondary prevention?
- If primary prevention, speak to your universal focus.
- If secondary, speak to your targeted population and the identified risk factors and/or lack of protective factors.
- Where will you receive your referrals and how will those referrals be tracked?
- How many parents and children will be served?
- Where will services be held and/or located?
- Are services accessible to residents of multiple counties?
- How will you conduct outreach with tribal populations and families experiencing homelessness?

Promoting Protective Factors

- How will you incorporate activities that build protective factors for the three required outcomes with the families you serve?
- How will your services align with the seven strategies in the Strengthening Families™ Protective Factors Framework?

Emerging Evidence

- What service or curricula are you utilizing and why?
- What is the emerging evidence that supports this service or curricula?
- What does pre-implementation look like?
- How will you support ongoing implementation?
- Complete the Implementation Plan.

Outcome Accountability and Evaluation

- What is the goal of your service?
- What is your theory of change?
- What are your inputs, outputs and assumptions?
- How will you ensure outputs are tracked and outcomes are measured accurately?
- How will you evaluate client and service success formally and informally?

Organizational Capacity *(One page limit not including organizational chart, board profile and job descriptions)* Successful applicants have strong organizational capacity to help achieve their goals. Organizational capacity includes but is not limited to, sound programmatic and

fiscal policies and procedures, adequate staff, professional development opportunities, meaningful staff supervision time, engaged board and community stakeholders, sufficient resources, and a strong data and evaluation process.

This section should include, but not be limited to the following (do not mention staff names, only position titles):

- State the mission of the organization and how it relates to services.
- Describe the history of your organization within the community and provide evidence that it has the capacity to serve and reach the target population.
- Will any of the proposed services be outsourced to a subcontractor? If so, describe how the services will regularly be monitored and performance evaluated.
- Who will oversee the administration and supervision of the proposed services and what are their qualifications?
- How will you support additional costs not covered by this award? *Please note: participants may not be charged fees for services funded by this award.*
- Include an **organizational chart** of your agency showing how the service fits into the organization's structure (this chart will not be included in the page limit).
- Who will be responsible for submitting all financial forms and the individual's experience with submitting budget modifications and monitoring contractor/award spending?

Complete the **Board Member Profile**, listing your current board members, their board position and contact information. This form is in Appendix F.

Please attach **job descriptions** for all positions listed in your Budget and Budget narrative.

Local Coordination and Collaboration *(Two page limit, not including letters of support)*

Preventing child victimization is not the responsibility of one agency. It is a community responsibility. Applicants must demonstrate that they are actively developing and participating in on-going collaborative relationships with community partners to prevent child victimization by linking families with appropriate and timely resources and identify gaps and/or barriers to a family's ability to access services. ***Special consideration will be given to applicants coordinating with community partners by braiding resources.***

Describe and list the collaborations with local agencies and organizations that focus on child, family and community well-being. Identify any partners, including organizations and parents/caregivers, that will collaborate in funding, managing or providing services for this service and the specific roles that each shall play in executing the Scope of Work. Examples of community partners are:

- Local Departments of Social Services
- Schools | Education System
- Juvenile Justice System
- Health Department
- Mental Health Center
- Local Head Start | Early Head Start
- Child Care Providers
- Housing Authority

- Partnership for Children
- Hospitals | Pediatricians | Nurses
- Faith and Civic Organizations
- Parents/Caregivers

Applicants are also asked to discuss involvement with their local Community Child Protection Team (CCPT), including their engagement of the CCPT in assessing local services. Located in all 100 counties, the CCPTs meet to promote a community-wide approach to the problem of child victimization. The purpose of the CCPT includes identifying gaps and deficiencies with the child protection system, increase public awareness of child protection in the community, advocate for system changes and improvements, and develop strategies to ameliorate child abuse and promote child well-being at a local and state level. Further information on local Community Child Protection Teams can be found at: <http://www.ncdhhs.gov/dss/ccpt/index.htm>

Proposals must include three letters of support from community partners. At least one letter should be from a consumer of services.

Sustainability Plan *(Two page limit not including Anticipated Revenue Summary Form and Funding Chart)*

Applicants must address the potential for continuing the project beyond the initial award period, as the funding available from this source may not be available on a recurring basis. Sustainability is important because a break in services for families and children may increase risk of child victimization. Proposals may include actions that will be taken to insure continuity of services and identifying specific funding sources that will be contacted. Describe a **three year sustainability plan** that includes a plan for diversifying funding for the service. Include the following:

- The types of support and resources from the applicant organization and their partners
- In-Kind resources
- A funds diversification plan which includes identification of sources and types of local, state and federal funds, as well as foundations and corporate sources

Applicants are also required to outline a plan for marketing the service to participants. This plan must create/increase awareness of the service's availability and ensure participation.

Complete Anticipated Revenue Summary Form and Funding Chart.

BUDGET AND BUDGET NARRATIVE

Applicants are required to submit a line-item budget for Fiscal Year 2015-16 on form DSS 6844S outlining the proposed use of funds and a budget narrative explaining each line item and how the expenditures help the service meet the proposed service deliverables. Applicants will be expected to submit a new respite services budget during the annual contract renewal process.

- Page 1 of Form DSS 6844S must be signed in blue ink by the authorized official.

- Expenditures for travel and daily subsistence must be in accordance with state approved rates. The Office of State Budget and Management (OSBM) prepares the Budget Manual which includes current state approved travel and daily subsistence rates and can be located through the following link: http://www.osbm.state.nc.us/files/pdf_files/BudgetManual.pdf
- Funds may not be used to purchase or renovate real estate property nor purchase or lease vehicles.
- Equipment may be purchased if it can be shown to be essential to the overall goals and outcomes of the service.
- Tangible equipment costing \$3,000.00 or more requires justification and three price quotes.
- Applicants which received funding in previous years to purchase equipment (e.g. computers, televisions, video players, etc) will not be approved to purchase duplicate equipment under this award, unless the need is clearly articulated.
- Include the following if proposed in the budget: a draft Sub-Contractors Agreement, Lease Agreement/Mortgage Documentation and/or an Indirect Cost Rate Plan.
- This link contains detailed information about indirect costs: http://www.ecfr.gov/cgi-bin/text-idx?SID=9488ab373262441562fad70c1c91ddfc&node=se2.1.200_1414&rgn=div8

APPENDIX A

NORTH CAROLINA DEPARTMENT OF HEALTH and HUMAN SERVICES NORTH CAROLINA DIVISION OF SOCIAL SERVICES RESPITE SERVICES SFY 2016-2018

Application Checklist

(All required documents can be accessed in Appendix F)

- _____ Cover letter on applicant letterhead
- _____ Application Checklist
- _____ Scope of Work – will include the following sections:
 - _____ Direct Client Services Face Sheet
 - _____ Proposal Summary
 - _____ Needs Assessment
 - _____ Project Design (include the following):
 - Logic Model
 - Implementation Plan
 - _____ Organizational Capacity (include the following):
 - Organizational Chart
 - Board Member Profile
 - Job Descriptions (for all staff listed in the budget)
 - _____ Local Coordination and Collaboration (include the following):
 - Three letters of support
 - _____ Sustainability Plan (include the following):
 - Anticipated Revenue Summary
 - Funding Chart
- _____ Budget Form DSS-6844S and Budget Narrative:
 - Attach the following, as needed, following the budget narrative:
 - Draft of Sub-Contractor Agreement (if subcontracts included)
 - Lease agreement/mortgage documentation (if cost of space included)
 - Indirect Cost Rate Plan (if indirect costs included)
- _____ Conflict of Interest- Notarized (include organizational conflict of interest policy)
- _____ No Overdue Tax Form - Notarized (must be printed on applicant letterhead)
- _____ IRS Federal Tax Exempt Letter (501)(c)(3) (non-profit) or Verification of Tax ID (governmental)

APPENDIX B

SFY 2016-2018 RESPITE SERVICES REVIEWER SCORING SHEET

Applicant: _____ Reviewer: _____ Total Points: _____

Funding Criteria	Clarification	Maximum Score Possible	Points Awarded
I. Proposal Summary		3 Maximum Points	
	▪ Applicant provides a clear and concise summary of proposed services.	0-3 points	
	Subtract (-1) point if the applicant exceeded 1 page for this section.		
		Subtotal	
II. Needs Assessment		10 Maximum Points	
	▪ Clearly stated sources of needs assessment data.	0 - 1 point	
	▪ Applicant speaks to service area's child victimization rate, contributing factors, and how the proposed service may mitigate the incidence of child victimization.	0 - 3 points	
	▪ Service fits into the community's continuum of services.	0 - 3 points	
	▪ Demographics of the area and target population are provided.	0 - 3 points	
	Subtract (-1) point if the applicant exceeded 2 pages for this section.		
		Subtotal	
III. Project Design		37 Maximum Points	
Principles of Family Support Practice	<ul style="list-style-type: none"> ▪ Applicant discusses how they will support the Principles of Family Support. ▪ Applicant states how they will demonstrate cultural competency. 	0-5 points	
Meaningful Parent Engagement and Leadership	<ul style="list-style-type: none"> ▪ Applicant explains what meaningful parent engagement looks like in their agency. ▪ Applicant discusses how they will support parent leadership and retention. ▪ Parent involvement in the applicant's continuous quality improvement process is discussed. 	0-5 points	
Levels of Prevention and Target Population	<ul style="list-style-type: none"> ▪ Applicant identifies services as primary or secondary prevention services. ▪ Primary prevention services - Applicant speaks to their universal focus. ▪ Secondary prevention service - Applicant speaks to target population and their identified risk and protective factors. ▪ Referral sources are identified. ▪ Number of parents and children stated ▪ Location of service delivery is stated ▪ County or counties served is stated. ▪ Applicant describes outreach to tribal populations and families experiencing homelessness. 	0-6 points	
Promoting Protective Factors	<ul style="list-style-type: none"> ▪ Applicant communicates how the protective factors will be promoted in their service. ▪ Applicant demonstrates how their service will incorporate the seven protective factors strategies. 	0 -7 points	

Emerging Evidence	<ul style="list-style-type: none"> ▪ Applicant's practice or curricula is identified. ▪ Supporting evidence/research is discussed. ▪ Applicant states why the practice or curricula was chosen. ▪ Applicant clearly states what pre-implementation will look like. ▪ Applicant discusses what resources will be used to support implementation. ▪ Implementation Plan completed and attached. 	0--7 points	
Outcome Accountability and Evaluation	<ul style="list-style-type: none"> ▪ Goal of the service is clearly stated. ▪ Applicant communicates their theory of change ▪ Inputs, outputs and assumptions are listed. ▪ Applicant outlines how they will evaluate client and service success. ▪ Applicant outlines a plan to accurately track outputs and measure outcomes. ▪ Logic Model is completed and attached. 	0--7 points	
	Subtract (-1) point if the applicant exceeded 6 pages (not including logic model and implementation plan) for this section.		
		Subtotal	
IV. Organizational Capacity		10 Maximum Points	
	▪ A brief description of the organization's history and structure is provided.	0 – 2 points	
	▪ Organization's mission clearly relates to services.	0 – 2 points	
	▪ Capacity to serve and reach the target population is demonstrated.	0 -- 2 points	
	▪ Board Member Profile is complete.	0 – 1 point	
	▪ Organizational Chart is included and provides evidence that there is a support structure in place.	0 --1 point	
	▪ Job descriptions included for all staff position listed in budget	0 – 2 points	
	Subtract (-1) point if the applicant exceeded 1 page (not including board profile, organizational chart and job descriptions) for this section.		
		Subtotal	
VI. Local Coordination and Collaboration		12 Maximum Points	
	<ul style="list-style-type: none"> ▪ Community partners who are supporting service delivery are identified. ▪ The service's coordination and collaboration plan with other community- based public and private agencies within the community is described and clearly articulates the support of collaborative efforts. ▪ Relationship with the local DSS and CCPT is discussed. ▪ Applicant discusses how they are contributing to community child victimization prevention efforts 	0 - 9 points	
	▪ Three required letters of support are included (1 point per letter).	0 - 3 points	
	Subtract (-1) point if the applicant exceeded 2 pages (not including letters of support) for this section.		
		Subtotal	

V. Sustainability		10 Maximum Points	
	<ul style="list-style-type: none"> A three year plan for possible funding is clearly described, including listing of potential funding sources. 	0 – 3 points	
	<ul style="list-style-type: none"> Applicant outlines plan to ensure services will be marketed to increase awareness of its availability. 	0 - 5 points	
	<ul style="list-style-type: none"> Anticipated Revenue Summary Form is complete. 	0 - 1 point	
	<ul style="list-style-type: none"> Funding Chart is complete. 	0 – 1 point	
	Subtract (-1) point if the applicant exceeded 2 page (not including worksheets) for this section.		
		Subtotal	
VII. Budget Appropriateness		18 Maximum Points	
	<ul style="list-style-type: none"> The budget is appropriate and supports the Project Design. 	0 – 9 points	
	<ul style="list-style-type: none"> The budget narrative provides justification for each line item, is clearly articulated, and sufficient to support the goals and activities outlined in the proposal. 	0 – 9 points	
		Subtotal	
TOTAL POINTS	Please add section subtotals and transfer this amount to the front page of the scoring sheet		

It is required to complete the following sections. Please bullet point areas of strength and concern.

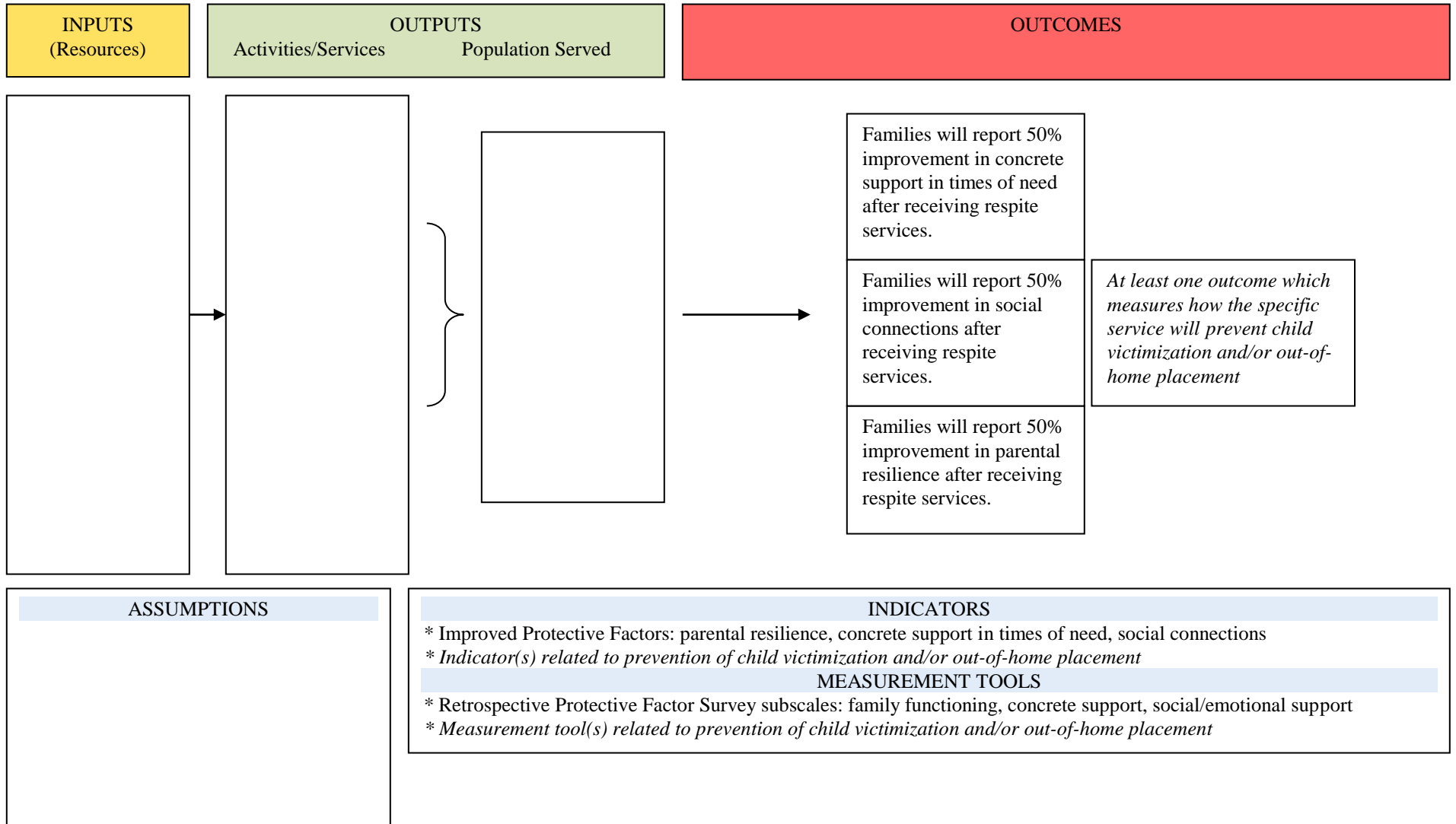
Areas of Strength:	
Areas of Concern/ Questions Needing Clarification:	

Other Comments:

APPENDIX C

Respite Service Logic Model *form*

Shared Vision: Families have enhanced capacity to provide for their children’s educational, physical and emotional needs, and children have opportunities for healthy social and emotional development.



APPENDIX D

North Carolina County Child Victimization Data

State Fiscal Year 2012 (July 2011-June 2012)

County Name	Number of children under 18	Abuse & Neglect	Abuse	Neglect	Dependency	Rate of Substantiations	Services Needed	Rate of Victimization
STATEWIDE	2,287,593	0.53	0.43	3.98	0.12	5.06	6.73	11.79
Alamance	35,777	0.53	0.53	6.93	0.06	8.05	3.41	11.46
Alexander	8,296	0.24	0.24	9.04	0.72	10.24	10.85	21.09
Alleghany	2,179	1.84	0.46	2.29	0	4.59	3.67	8.26
Anson	5,724	0.52	0.35	3.84	0.17	4.88	4.89	9.77
Ashe	5,151	1.94	0	12.42	0	14.36	4.47	18.83
Avery	2,995	0	1.0	1.67	0.33	3.0	12.69	15.69
Beaufort	10,394	0.96	0.48	5.39	0.1	6.93	4.43	11.36
Bertie	4,240	0.24	0.47	1.18	0	1.89	0.71	2.6
Bladen	7,915	0.63	0.63	1.9	0.13	3.29	5.56	8.85
Brunswick	20,262	0.64	0.79	9.43	0.2	11.06	4.49	15.55
Buncombe	49,008	0.78	0.41	4.67	0.06	5.92	15.71	21.63
Burke	20,066	0.6	0.8	4.88	0.1	6.38	14.2	20.58
Cabarrus	49,179	0.59	0.33	4.41	0.08	5.41	3.09	8.5
Caldwell	18,266	0.49	1.09	3.28	0.11	4.97	18.67	23.64
Camden	2,507	0	0	0.4	0.4	0.8	0	0.8
Carteret	12622	0.4	1.19	4.99	0	6.58	3.96	10.54
Caswell	4,641	1.29	0.43	6.68	0	8.4	1.94	10.34
Catawba	36,164	0.77	0.33	1.96	0.06	3.12	12.28	15.4
Chatham	13,866	0	0.36	5.48	0.65	6.49	2.6	9.09
Cherokee	5,068	1.78	0.59	26.84	0.2	29.41	10.46	39.87
Chowan	3,279	1.52	0.3	2.74	0	4.56	8.23	12.79
Clay	1,943	0.51	0	6.18	2.06	8.75	20.07	28.82
Cleveland	22,464	1.16	0.76	11.8	0.18	13.9	3.03	16.93
Columbus	13,330	0.68	1.2	11.18	0.45	13.51	4.58	18.09
Craven	24,152	0.5	0.21	1.49	0.17	2.37	8.16	10.53
Cumberland	86,092	0.6	0.08	4.05	0.08	4.81	9.59	14.4
Currituck	5,558	1.62	0	6.48	0	8.1	4.14	12.24
Dare	6,837	0.73	0	8.78	0.44	9.95	10.82	20.77
Davidson	38,269	0.21	0.31	2.22	0.05	2.79	8.13	10.92
Davie	9,591	0.63	0.1	7.82	0.21	8.76	11.26	20.02
Duplin	15,089	0.33	0.46	11.33	0	12.12	5.04	17.16
Durham	62,015	0.31	1.45	2.68	0.1	4.54	4.11	8.65
Edgecombe	13,476	0	0.37	1.56	0.22	2.15	11.43	13.58
Forsyth	85,831	0.27	0.08	0.48	0.03	0.86	1.2	2.06
Franklin	14,755	0	0.54	2.17	0	2.71	4.34	7.05
Gaston	48,975	0.2	0.41	3.33	0.1	4.04	5.41	9.45

County Name	Number of children under 18	Abuse & Neglect	Abuse	Neglect	Dependency	Rate of Substantiations	Services Needed	Rate of Victimization
Gates	2,791	1.07	0.72	8.24	0	10.03	0.36	10.39
Graham	1,899	0.53	1.58	4.21	0.53	6.85	22.12	28.97
Granville	12,971	0.69	0.62	3.08	0.08	4.47	4.93	9.4
Greene	4,946	0	1.01	1.82	0	2.83	8.29	11.12
Guilford	114,911	0.57	0.45	2.53	0.23	3.78	3.79	7.57
Halifax	12,322	0.32	0.32	2.76	0.16	3.56	14.45	18.01
Harnett	32,988	0.73	0.09	2.18	0	3.0	5.7	8.7
Haywood	11,189	1.97	0.63	4.47	0	7.07	31.73	38.8
Henderson	21,922	0.32	0.73	7.07	0.14	8.26	5.84	14.1
Hertford	5,159	0.39	0.19	0.39	0	0.97	0.97	1.94
Hoke	14,799	0.2	0.68	4.05	0.54	5.47	1.62	7.09
Hyde	1,070	0	0	3.74	0	3.74	0	3.74
Iredell	40,230	0.62	0.3	6.19	0.07	7.18	12.18	19.36
Jackson	7,038	3.84	0.71	13.78	0	18.33	9.52	27.85
Johnston	47,665	0.42	0.15	1.17	0.02	1.76	8.35	10.11
Jones	2,060	0	0	5.34	0	5.34	13.11	18.45
Lee	15,160	0.26	0.2	1.39	0	1.85	4.35	6.2
Lenoir	14,178	1.13	0.56	2.4	0.21	4.3	16.72	21.02
Lincoln	18,329	0.11	1.04	1.47	0.16	2.78	6.71	9.49
Macon	9,645	0.1	0.93	1.04	0	2.07	2.18	4.25
Madison	6,508	1.08	0	15.21	0.15	16.44	6.91	23.35
Martin	4,054	0.25	2.22	0	1.48	3.95	5.67	9.62
McDowell	5,241	1.14	3.63	6.11	0.19	11.07	27.28	38.35
Mecklenburg	238,469	0.18	0.52	2.71	0.07	3.48	4.48	7.96
Mitchell	2,937	0	0	1.02	0.68	1.7	9.87	11.57
Montgomery	6,658	1.2	0.6	3.45	0.15	5.4	8.11	13.51
Moore	19,168	0.1	0.37	4.8	0.37	5.64	1.15	6.79
Nash	22,599	1.24	0.44	5.09	0.18	6.95	3.5	10.45
New Hanover	40,597	0.22	0.25	4.58	0.1	5.15	12.41	17.56
Northampton	4,484	0.22	1.12	0.22	0.22	1.78	5.35	7.13
Onslow	45,123	1.64	0.4	9.75	0	11.79	10.93	22.72
Orange	27,778	0.5	0.14	1.73	0	2.37	8.89	11.26
Pamlico	2,376	0	0.42	4.21	0	4.63	6.31	10.94
Pasquotank	9,017	0	0.11	10.09	0.11	10.31	2.88	13.19
Pender	12,058	0.75	0.08	1.16	0.33	2.32	5.14	7.46
Perquimans	2,710	1.11	0.37	0	0	1.48	0.74	2.22
Person	9,115	0.33	0.33	7.9	0.66	9.22	2.74	11.96
Pitt	37,985	0.18	0.53	2.47	0.11	3.29	5.92	9.21
Polk	3,761	0.53	0	3.46	0.53	4.52	5.58	10.1
Randolph	34,598	0.32	0.26	2.54	0.29	3.41	5.58	8.99
Richmond	11,360	0.53	0.18	2.29	0.09	3.09	2.11	5.2

County Name	Number of children under 18	Abuse & Neglect	Abuse	Neglect	Dependency	Rate of Substantiations	Services Needed	Rate of Victimization
Robeson	36,399	0.55	0.27	8.85	0.19	9.86	15.44	25.3
Rockingham	20,366	0.49	0.1	1.57	0	2.16	14.83	16.99
Rowan	32,298	0.25	0.31	5.64	0.59	6.79	6.13	12.92
Rutherford	14,882	1.48	0.27	22.78	0.2	24.73	5.17	29.9
Sampson	16,130	0.74	0.43	5.77	0.06	7.0	2.98	9.98
Scotland	8,877	0	1.69	5.07	0.56	7.32	5.18	12.5
Stanley	13,569	0.81	0.52	8.4	0	9.73	5.75	15.48
Stokes	10,187	0.2	0.49	2.85	0.39	3.93	11.29	15.22
Surry	16,961	0.83	0	3.71	0	4.54	3.66	8.2
Swain	3,269	4.59	2.45	48.03	0	55.07	19.88	74.95
Transylvania	5,732	2.09	1.74	2.27	0	6.1	22.85	28.95
Tyrrell	792	0	0	0	0	0	5.05	5.05
Union	61,371	0.6	0.42	1.29	0.03	2.34	4.06	6.4
Vance	11,375	1.14	0.62	3.52	0.09	5.37	10.64	16.01
Wake	239,466	0.44	0.27	2.37	0.01	3.09	5.55	8.64
Warren	4,194	0	0	5.25	0	5.25	2.38	7.63
Washington	2,925	0	0	0	0	0	1.71	1.71
Watauga	7,077	0.99	0.28	2.26	0.28	3.81	7.21	11.02
Wayne	30,498	0.52	0.36	1.67	0	2.55	7.05	9.6
Wilkes	15,204	0.79	0	4.08	0.79	5.66	8.75	14.41
Wilson	19,903	0.95	0.1	6.23	0.2	7.48	0.95	8.43
Yadkin	8,756	0.69	0.34	7.42	0	8.45	2.4	10.85
Yancey	3,518	2.27	0	1.71	0	3.98	16.49	20.47

APPENDIX E

DEFINITIONS

Activities (sometimes referred to as outputs, services, objectives) This is the portion of your logic model where you describe the services your consumers will receive. What are the activities provided that are directly linked to the outcomes that you wish to achieve?

Annual rate of child victimization The annual rate of child victimization (per 1,000 children) is calculated by dividing the number of children with substantiated victimization by the estimated number of children living in a county. The number of children reported for victimization is drawn from the Management Assistance website. It represents a count of the number of unique children – based on having a different or unique SIS ID – reported for victimization during a state fiscal year. The number of children with substantiated victimization can be calculated by adding the number of children with findings/decisions of “abuse and neglect,” “abuse,” “neglect,” “dependency,” and “services needed” The state-level data can be found at http://sasweb.unc.edu/cgi-bin/broker?_service=default&_program=cwweb.tbReport.sas&county=Alamance&label=County&type=RCHILD&fn=ALL&vtype=xfind&format=html&entry=11 . The population is based on estimates provided by the U.S. Census Bureau. The Census Bureau periodically provides an updated population estimate of each county’s population. The estimates are available for different groups in the population, including individuals age 17 and younger. Information on the population estimates can be found at <http://www.census.gov/popest/estimates.html> .

Assumptions (sometimes referred to as underlying theory, rationale) The services you offer should be based on what is known to be effective. What assumptions are you making that suggest your services will bring about the desired outcomes, with the population you serve? The assumptions are the product of your research and demonstrate your knowledge of what has worked in the past for similar services serving similar populations.

Continuous Quality Improvement (CQI) Continuous Quality Improvement activities ensure that services are systematically and intentionally increasing positive outcomes for the families they serve. It is an ongoing process that involves:

1. Collecting data

- formally, through outcome and implementation evaluation activities, focus groups, needs assessments, self-assessment, peer review, and study of research findings.
- informally, through self-reflections and direct or indirect feedback from participants, staff, funders, and other stakeholders.

2. Reviewing and analyzing data

- formally, in the course of staff supervision, full staff meetings, board meetings
- informally, through daily discussions with staff and participants and self-assessment of job performance
- Case record reviews and document reviews

3. Adjusting practices based on findings

- formally, at the agency level by adopting new practices, services, policies, and procedures based on findings
- informally, by making personal adjustments to improve job performance

Core Components (sometimes referred to as key elements or active ingredients) These are the key services or activities of an evidence-based service that have been demonstrated or are believed, based on service theory, to lead to the identified service outcomes. These components must remain intact during any implementation of that service.

Evidence-Based Practices These are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This could be findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are valid as well. There are different types of evidence based practices; these include “supported” or “well-supported,” based on the strength of the research design.

Evidence-Informed Practices use the best available research and practice knowledge to guide service design and implementation within context. This informed practice allows for innovation and incorporates the lessons learned from the existing research literature.

Implementation Plan This plan serves as the template for a service manual and documents key service components and specifies activities, resources, staff training, and evaluation components, among other things.

Indicators Indicators answer the question: What is it that tells someone that an outcome has been achieved? Indicators are concrete, specific descriptions of what will be measured to judge a service’s success. An indicator can include the number or percentage of participants projected to achieve the outcome.

Logic Model A logic model is a map of the service. It is a simple, logical illustration of what the service does, why the service does it, and how observers will know if the service is successful. There is a wide variety of logic model formats, but most have the same key components. The elements of a logic model will become clearer as you go through the logic model building process. Although the process is laid out step by step, you will need to make sure that decisions made in later steps still match choices you made earlier in the process.

Outcomes (sometimes referred to as goals, objectives) If the service is successful in providing services, what changes will service participants experience? Generally, outcomes describe who... will do... what as a result of service services. Outcomes can be short-term, usually changes in attitude, beliefs, and knowledge; intermediate, which can be developing and practicing new skills; or long-term, including permanent changes at an individual level or changes that create an impact on larger social structures.

Inputs Inputs detail what the service needs to provide services. Is it food for a parent education group? A curriculum? Does the staff need any specialized training? Will child care, transportation, or a meeting space need to be provided? Think of this as a budget justification.

Target Population (sometimes referred to as participants, consumers, audience) This is a description of the population the service serves or plans to serve. As specifically as possible, identify the people who will receive the services.

Theory of Change specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.

**Definitions taken from the FRIENDS National Center for Community-Based Child Abuse Prevention website.*

APPENDIX F

ON-LINE CONTRACT DOCUMENTS AND RESOURCES

On-Line Required Application Documents and Corresponding Instructions:

- [Application Checklist](#)
- [Direct Client Services Face Sheet](#)
- [Direct Client Services Face Sheet Instructions](#)
- [Respite Logic Model form](#)
- [Implementation Plan](#)
- [Board Member Profile](#)
- [Anticipated Revenue Summary](#)
- [Funding Chart](#)
- [Budget 6844S form](#)
- [Budget Instructions](#)
- [Budget Narrative sample](#)
- [Conflict of Interest form](#)
- [No Overdue Tax Form \(non-governmental agencies\)](#)
- [501\(c\)3 Status form \(non-profit agencies\)](#)
- [Verification of Tax ID \(governmental agencies\)](#)
- [Federal Certifications](#)
- [State Certification](#)

On-Line Contract Reference Materials:

- [Performance Status Quarterly Report form](#)
- [1571 Administrative Cost Reimbursement form](#)
- [Notice of Certain Reporting and Audit Requirements](#)
- [Budget and Contract Amendments](#)
- [Monitoring Notification Letter](#)
- [NC CBCAP FFY 2015 Application and 2013 Annual Report](#)
- [Children's Bureau Child Abuse and Neglect Preventing and Responding](#)

Other Helpful Links:

- The Department of Health and Human Services' Office of Procurement and Contract Services
<https://wss01.dhhs.state.nc.us/sites/dhhs/OPCS/default.aspx>
- The Department of Health and Human Services' Office of the Controller
<http://www.dhhs.state.nc.us/control/index.htm>
- Prevent Child Abuse North Carolina <http://www.preventchildabusenc.org/>
- U.S. Department of Health and Human Services, Administration for Children and Families
<http://www.acf.hhs.gov/>
- The Center for the Study of Social Policy (Strengthening Families Initiative)
<http://www.cssp.org/reform/strengthening-families>
- Child Welfare Information Gateway <http://www.childwelfare.gov/preventing/>
- National Clearinghouse on Families and Youth (organization and community toolkit)
<http://ncfy.acf.hhs.gov/publications/guide-to-starting-and-managing-a-youth-program/organization>
- Grant Writing <http://www.grantstation.com/>